

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>League of Conservation Voters, Inc.</b>		3. FEC Identification Number <b>C</b> <b>C90005786</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L St NW Suite 800		
(c) City, State and ZIP Code Washington DC 20036-		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☒ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
04	/	16	/	2013

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
04	/	24	/	2013

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

56438.58

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Patrick Collins

Patrick Collins

04/25/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee Mack Sumner Communications		Date MM / DD / YYYY 04 / 24 / 2013	
Mailing Address 2001 N Beauregard Street Suite 420		Amount 500.00	
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : A6AAACDB53724453BA4E
Purpose of Expenditure Production of Fliers for Canvass	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J. Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 471392.89		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special Primary2013	
Full Name (Last, First, Middle Initial) of Payee Printex		Date MM / DD / YYYY 04 / 24 / 2013	
Mailing Address 35 C Industrial Parkway		Amount 5889.06	
City Woburn	State MA	Zip Code 01801-1914	Transaction ID : AB8967E69DC654EBFB78
Purpose of Expenditure Literature for Canvass	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J. Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 471392.89		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special Primary2013	
Full Name (Last, First, Middle Initial) of Payee Freestone Communications		Date MM / DD / YYYY 04 / 24 / 2013	
Mailing Address 231 S Bemiston Ave Ste 1210		Amount 50000.00	
City Saint Louis	State MO	Zip Code 63105-1914	Transaction ID : A473A13F28F2C4FF9B39
Purpose of Expenditure ESTIMATE: Live Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J. Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 471392.89		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special Primary2013	
(a) SUBTOTAL of Itemized Independent Expenditures.....		56389.06	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee FedEx		Date MM / DD / YYYY 04 / 24 / 2013	
Mailing Address 1 Mifflin Place		Amount 49.52 <b>Transaction ID : A5BC68D1F0DD3442BBC0</b>	
City Cambridge	State MA		
Purpose of Expenditure Printing	Category/ Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J. Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 471392.89		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special Primary 2013	

  

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		49.52	
.....			
.....			
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
.....			
.....			
(c) <b>TOTAL</b> Independent Expenditures .....		56438.58	
(carry total from last page forward to Line 7)			